



2020 – 2021 School Year

Please choose one of the following:

Monthly

Semi-annually

Full Amount

Authorization Form for Monthly Recurring Payment School Tuition

Please choose one day of the month your payment will be pulled: **1st** OR **15th**

Please choose one payment option:

___ 10-month plan (Sept. 2020 thru June 2021)

OR

___ 12-month plan (Sept. 2020 thru August 2021)

I hereby authorize St. Matthew School to set up a recurring payment for the following:

Total Tuition Amount: \$ _____ **Student Name(s):** _____

Checking or Savings Bank Account Withdrawal Information (Debit/Credit Card on reverse side)

Please enter your Bank Account Information:

Account Holder(s) Name: _____

Account Type: Checking Savings

Bank Name: _____

9-digit Routing Number: _____

Account Number: _____

Address #1: _____

Address #2: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

I hereby authorize St. Matthew School of Campbellsport, WI to withdraw funds from my bank account listed above on a recurring basis for the purpose of tuition.

Signature: _____ **Date:** _____



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Please choose one payment option:

10-month plan (Sept. 2020 thru June 2021)

OR

12-month plan (Sept. 2020 thru August 2021)

I hereby authorize St. Matthew School to set up a recurring payment for the following:

Please enter your Debit or Credit card information:

Name on card: _____

Type: VISA MasterCard Discover

Expiration Date: ____/____

Card Number: _____

Address #1: _____

Address #2: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

I hereby authorize St. Matthew School of Campbellsport, WI to charge my credit or debit card listed above on a recurring basis for the purpose of school tuition.

Signature: _____

Date: _____

Date started: _____ Authorized by: _____

Paying Semi-annually or Full

Family Name: _____

Student Name: _____ Grade: _____

Amount: \$ _____ Check: _____ Cash: \$ _____

Signature: _____

Date: _____